

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	WILLIAM ALLEN NEWSOM	COURT CASE NUMBER	CV 05 - 673 GMS
DEFENDANT	PAUL HOWARD (ET. AL)	TYPE OF PROCESS	
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SECURITY SUPERINTENDENT CUNNINGHAM</b>		
→	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>245 MCKEE ROAD DOVER, DE. 19904</b>		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> WILLIAM A. NEWSOM S.B.E. # 257317 DELAWARE CORR. CNTR. 1181 PADDOCK RD. SMYRNA, DELAWARE 19977		Number of process to be served with this Form - 285	285
		Number of parties to be served in this case	JUN
		Check for service on U.S.A.	A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

**PAINTER CASE** # OF DEFENDANTS 3 COURT OF WARE  
**\* SECURITY SUPERINTENDENT CUNNINGHAM** TOTAL: 8  
 NO LONGER WORKS FOR D.O.C.C., D.O.C.  
 ADMIN. OFFICE AT 245 MCKEE ROAD DOVER, DE. 19904  
 WILL HAVE TO SIGN FOR HIM.

Signature of Attorney or other Originator requesting service on behalf of:

William A. Newsom

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	N/a	4-19-06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____	PK	01-28-06

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)	Date of Service Time am 5/31/06 pm Signature of U.S. Marshal or Deputy JF					
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

## REMARKS:

InSufficient address  
DOC will not accept service.